



**2005 BOSTON CONNECTS, INC.  
ORGANIZATIONAL ASSESSMENT SERVICES  
APPLICATION**

**AGENCY/FAITH-BASED  
ORGANIZATION**

**Address:**

Street

city

State

zip

**Attach printout from "Am I in the Zone" link at [www.BostonEZ.org](http://www.BostonEZ.org) confirming you are in the EZ.**

**Total number of Staff: Full-Time**

**Part-Time**

**Total number of: Board Members**

**Volunteers**

**FY 2004 Annual Operating Budget:**

**Endowment:**

**Breakdown of funding:**

\_\_\_\_\_%Foundation

\_\_\_\_\_%Federal

\_\_\_\_\_%Corporation

\_\_\_\_\_%State

\_\_\_\_\_%Individual

\_\_\_\_\_%Local

\_\_\_\_\_%Other

**Please attach a list of your current funders.**

**Are you a 501 (c) 3 Non-Profit?**

Y / N

**Do you have a Development Dept.?**

Y / N

**State your Organization's Mission:**

**Staff Participant 1:**

**Title:**

**Phone:**

**E-mail:**

*I understand that I am expected to maintain a 90% attendance rate.*

*Please indicate the best time for you/your staff to attend the workshops:*

☐ morning

☐ afternoon

☐ evening

**Signature:**

**Staff Participant 2:**

**Title:**

**Phone:**

**E-mail:**

*I understand that I am expected to maintain a 90% attendance rate..*

*Please indicate the best time for you/your staff to attend the workshops:*

☐ morning

☐ afternoon

☐ evening

**Signature:**

**Agency Director**

**Signature:**